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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/446,963 02/12/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
05/05/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TN	14	39	4
Verified and (DAVID C. COMSTOCK/ Examiner's Signature)		Initials				

ADDRESS

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TITLE

Articular disc prosthesis and method for treating spondylolisthesis

FILING FEE RECEIVED 1328	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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